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Bib Data Sheet

CONFIRMATION NO. 1099

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|--|--|---|------------------------|-----------------------------------|
| SERIAL NUMBER 10/014,389 | FILING DATE 10/22/2001 RULE | CLASS 436 | GROUP ART UNIT 1743 | ATTORNEY DOCKET NO. VOS0003/US |
| APPLICANTS Gotz Nowak, Erfurt, GERMANY; Elke Bucha, Erfurt, GERMANY; | | | | |
| ** CONTINUING DATA ***** <i>NONE</i> | | | | |
| ** FOREIGN APPLICATIONS ***** PCT/EP00/03690 04/25/2000 GERMANY 199 18 569.7 04/23/1999 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/15/2002 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M. Cole</i> <i>MC</i> Examiner's Signature Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWING 3 | TOTAL CLAIMS 11 |
| ADDRESS KAGAN BINDER, PLLC Suite 200, Maple Island Building 221 Main Street North Stillwater, MN 55082 | | | | |
| TITLE Process for the diagnosis of diseases, pathological states and pathophysiological as well as physiological measurement units | | | | |
| FILING FEE RECEIVED 1150 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

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